| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| FEE DETERMINATION | M. G | | 1/11/00 |
| O.I.P.E. CLASSIFIER | | 16 | 1-14-00 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | SB | #07033 | 1-24-2000 |

## INDEX OF CLAIMS

| | | | | |
|---|---|---|---|---|
| ✔ | ................................. Rejected | N | ............................... Non-elected |
| = | ................................. Allowed | I | ............................... Interference |
| — | (Through numeral)... Canceled | A | ............................... Appeal |
| ÷ | ................................. Restricted | O | ............................... Objected |



If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

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